

Senior Life & Health Needs Analysis

Agent Contact Information:

CLIENT CONTACT INFORMATION:

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Birthdate _____

Notes _____

CLIENT SPOUSE CONTACT INFORMATION:

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Birthdate _____

Notes _____

Do you have someone else who helps with Medical Decisions or has Power of Attorney (POA)?

Relationship _____

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Notes _____

CURRENT HEALTH COVERAGE:

- Employer Plan (not retired)
- Employer Plan
- ACA
- Original Medicare A&B
- Medicare Supplement
- Tricare
- Medicare Advantage
- Medicare Advantage SNP

- VA
- Prescription Drugs
- Short-Term or Long-Term Disability
- Hospital Indemnity
- Cancer Heart Attack
- Stroke Critical Care
- Major Medical Dental Vision
- Hearing Accident

Carrier _____	Plan _____	Premium _____
Carrier _____	Plan _____	Premium _____
Carrier _____	Plan _____	Premium _____
Carrier _____	Plan _____	Premium _____
Carrier _____	Plan _____	Premium _____
Carrier _____	Plan _____	Premium _____

Notes _____

Please note: Eligibility for Medicare may depend on enrollment in other programs such as Medicaid, COBRA, Tricare, etc. Agents: Please note that eligibility for Medicare may depend on enrollment in other programs such as Medicaid, COBRA, Tricare, etc.

CURRENT LIFE COVERAGE:

Term Life

Variable Life

Whole Life

Final Expense

Universal Life

Carrier _____ Plan _____ Premium _____

Carrier _____ Plan _____ Premium _____

Carrier _____ Plan _____ Premium _____

Carrier _____ Plan _____ Premium _____

Carrier _____ Plan _____ Premium _____

Carrier _____ Plan _____ Premium _____

Notes _____

MEDICARE ELIGIBILITY:

Employer/Other Coverage End Date _____

Are you currently enrolled in Medicare or new to Medicare?

Part A Effective Date _____ Part B Effective Date _____

Medicare Supplement Open Enrollment Start Date _____

Medicare Supplement Open Enrollment End Date _____

Medicare Advantage Special Enrollment Start Date _____

Medicare Advantage Special Enrollment End Date _____

To avoid Medicare penalties, please note:

Part A late enrollment penalty

- Some people have to buy Part A because they don't qualify for premium-free Part A.
- If you have to buy Part A, and you don't buy it when you're first eligible for Medicare, your monthly premium may go up 10%.
- You'll have to pay the penalty for twice the number of years you didn't sign up.

Part B late enrollment penalty

- Generally, you won't have to pay a Part B penalty if you qualify for a Special Enrollment Period.
- You'll pay an extra 10% for each year you could have signed up for Part B but didn't.
- You may also pay a higher premium depending on your income.

Part D late enrollment penalty

- Generally, you won't have to pay a Part D penalty if:
 - You have creditable drug coverage (coverage that's similar in value to Part D), or you qualify for Extra Help
- You'll pay an extra 1 % for each month (that's 12% a year) if you:
 - Don't join a Medicare drug plan when you first get Medicare.
 - Go 63 days or more without creditable drug coverage).
- You may also pay a higher premium depending on your income.
- After you join a Medicare drug plan, the plan will tell you if you have to pay a penalty and what your premium will be.

If you do not sell for all MA organizations or PDP sponsors in the service area, you must use the following TPMO Disclaimer:

“We do not offer every plan available in your area. Currently, we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact Medicare.gov, 1-800-MEDICARE or your local State Health Insurance Program to get information on all of your options.”

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MEDICARE ELIGIBILITY:

Why are you looking to change your coverage? Initial Medicare Enrollment

Moving Financial Annual Review Other _____

Notes _____

Do you need additional coverage (Medicare Advantage or a Medicare Supplement)?

Some of the items and services Original Medicare doesn't cover include:

- Long-term care (also called custodial care)
- Most dental care
- Eye exams (for prescription glasses)
- Dentures
- Cosmetic surgery
- Massage therapy
- Routine physical exams
- Hearing aids and exams for fitting them
- Concierge care (also called concierge medicine, retainer-based medicine, boutique medicine, platinum practice or direct care)
- Covered items or services you get from an opt-out doctor or other provider (except in the case of an emergency or urgent need)

Agent note: Please direct clients to this website to learn more: <https://www.medicare.gov/coverage>

ADDITIONAL MEDICARE COVERAGE:

Please keep in mind that Medicare Supplements are different than Medicare Advantage plans. Key differences include, but are not limited to:

- What is Covered/Plan Options
- Carrier Availability
- When you can enroll/change plans/disenroll
- Network of providers
- Monthly Premiums
- Co-Pays, Co-Insurance, Deductibles and Max Out of Pocket
- Plan Packaging “All-in-One” vs. Separate Plans
- Physician Referrals
- Prescription Coverage
- Plan “Extras” like gym memberships

Please indicate the following areas of importance to your plan:

Areas Needing Coverage _____

Network Availability _____

Monthly Premium Budget _____

Max Out of Pocket Budget _____

Needing Referrals _____

Prescription Coverage _____

Plan Extras _____

Plan Packaging _____

Other (Please Note) _____

Desired Additional Coverage:

Medicare Supplement

Dental/Vision/Hearing

or Medicare Advantage

Other

PDP

LIFE INSURANCE NEEDS ANALYSIS:

Expenses	
<i>Immediate</i>	
Funeral/Burial Estate Taxes, Probate	
<i>Short Term</i>	
Utilities +	
Rent Mortgage	
Food	
Insurance	
Transportation	
Other	
<i>Long Term</i>	
Medical Debt Outstanding +	
Credit Debt Outstanding	
Student Debt Outstanding	
Other Debt Outstanding	
Child Funding (Car, Education, etc)	
Other	
<i>Unexpected</i>	
Emergency Fund (six months total combined income) +	
Inflation	
Total Expenses	-
Assets	
Cash	
Investments	
Retirement Plans	
Annuities	
Social Security Survivor	
Other	
Total Assets	-
Insurance Needs (Expenses Less Assets)	Total:

This worksheet is intended for use by licensed insurance agents only to help assess customer needs and aid the sales process. Do not distribute this information or use for any other purpose other than agreed to by a client. This information is protected under the federal Protected Health Information guidelines. For agent use only. Not for public distribution.

SUMMARY OF RECOMMENDED COVERAGE

Primary Health:

Carrier _____ Plan _____ Premium _____
Carrier _____ Plan _____ Premium _____
Carrier _____ Plan _____ Premium _____
Carrier _____ Plan _____ Premium _____
Carrier _____ Plan _____ Premium _____

Ancillary Health:

Carrier _____ Plan _____ Premium _____
Carrier _____ Plan _____ Premium _____
Carrier _____ Plan _____ Premium _____
Carrier _____ Plan _____ Premium _____
Carrier _____ Plan _____ Premium _____

Life:

Carrier _____ Plan _____ Premium _____
Carrier _____ Plan _____ Premium _____
Carrier _____ Plan _____ Premium _____
Carrier _____ Plan _____ Premium _____
Carrier _____ Plan _____ Premium _____

Notes _____

WHERE CAN YOU GET MORE INFORMATION?

For more information regarding Medicare, you can:

- Contact your local State Health Insurance Assistance Program (SHIP) to get free personalized help making decisions about your health coverage. To get the number for your local SHIP, call 1-800-MEDICARE.

Get information from Medicare:

- Contact 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Visit the Medicare web site at Medicare.gov.
- Look at the most recent “Medicare & You” handbook. If you don’t have the most recent Handbook, you can download it on Medicare.gov or request a copy by calling 1-800-MEDICARE.

Call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also visit SocialSecurity.gov.

Contact your employer or union benefits manager.

DISCLAIMERS:

This worksheet is intended for use by licensed insurance agents only to help assess customer needs and aid the enrollment and/or sales process for insurance policies. This information should not be distributed or used for any other purpose other than agreed to by a client. This information is protected under the federal Protected Health Information guidelines.

Information regarding health coverage and Medicare reference information provided by Centers for Medicare & Medicaid Services such as the CMS “Fact Sheet”, Medicare.gov and the yearly Medicare & You Guidebook.

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